

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/936980

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		0				
4		0				
5		0				
6		0				
7		0				
8	1					
9		0				
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49						
50						
TOTAL IND.	3	1		1		1
TOTAL DEP.	0	1		1		1
TOTAL CLAIMS	3	2		2		2

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	1	1		1		1
TOTAL DEP.	1	1		1		1
TOTAL CLAIMS	2	2		2		2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS